



MEMBER#

CHARLOTTESVILLE COMMUNITY MEDIA CENTER MEMBERSHIP REGISTRATION FORM

NAME: _____ D.O.B: _____

ORGANIZATION (if applicable): _____

ETHNICITY (CHECK ONE):

- ☐ American Indian or Alaska Native ☐ Black or African American ☐ Native Hawaiian or Pacific Islander
☐ Asian ☐ Hispanic or Latino ☐ White or Caucasian
☐ Other (please specify) _____

GENDER:

- ☐ Male ☐ Female ☐ Genderqueer/non-Binary ☐ Neutral ☐ Other _____

STREET ADDRESS: _____

CITY/COUNTY: _____ ZIP CODE: _____

PHONE: (Primary): _____ (Secondary): _____

EMAIL: _____

CCMC MEMBERSHIP TYPE (Annual):

- ☐ \$50 Individual (City) ☐ \$55 Individual (County)
☐ \$150 Nonprofit Organization (City)* ☐ \$160 Nonprofit Organization (County)*
☐ \$15 Student/Senior (City) ☐ \$20 Student/Senior (County)

** Proof of 501.c3 required*

MEMBERSHIP AGREEMENT: ☐ **I have read and agree to the CCMC Policies and Procedures document**

SIGNATURE: _____ DATE: _____
(Signature of applicant)

SIGNATURE: _____ DATE: _____
(Signature of parent/guardian if applicant is under 18 years of age)

*CCMC membership is available to anyone who lives/works in the Thomas Jefferson Regional Planning District.
CCMC is an operation of the City of Charlottesville and is managed by staff of the Office of Communications.*

CHARLOTTESVILLE COMMUNITY MEDIA CENTER
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